

ASSISTANT COMMISSIONER FOR PATENTS  
Washington, DC 20231

In re application of:

Ronald M. BURCH, et al.

Serial No.:

10/057,630

Filed:

January 25, 2002

For:

**ANALGESIC COMBINATION OF OXYCODONE AND NIMESULIDE**

Sir:

Transmitted herewith is a **Preliminary Amendment** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.  
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.  
☒ No fee for additional claims is required.  
☐ A filing fee for additional claims calculated as shown below, is required:

| FOR:   | (Col. 1)   | (Col. 2)   |         | SMALL ENTITY |          | OR | LARGE ENTITY |          |
|--|------------|------------|---------|--------------|----------|----|--------------|----------|
|  | REMAINING  | HIGHEST    |         | RATE         | FEE      |    | RATE         | FEE      |
|  | AFTER      | PREVIOUSLY | PRESENT |              |          |    |              |          |
|  | AMENDMENT  | PAID FOR   | EXTRA   |              |          |    |              |          |
| TOTAL CLAIMS   | * Minus**  | =          |         | x \$         | 9 \$     |    | x \$         | 18 \$    |
| INDEP. CLAIMS  | * Minus*** | =          |         | x \$         | 42 \$    |    | x \$         | 84 \$    |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |            |            |         | +            | \$140 \$ |    | +            | \$280 \$ |

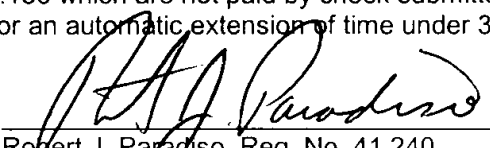
TOTAL: \$ OR TOTAL: \$

- \* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☒ Also transmitted herewith are:  
☐ Petition for extension under 37 C.F.R. 1.136 (in duplicate)  
☒ Other: **Information Disclosure Statement (3 pages)**  
**Form PTO-1449 (3 pages)**  
**Exhibit A (15 pages)**

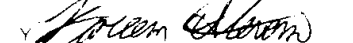
**BEST AVAILABLE COPY**

- ☐ Check(s) in the amount of \$**0.00** is/are attached to cover:  
☐ Filing fee for additional claims under 37 C.F.R. 1.16  
☐ Petition fee for extension under 37 C.F.R. 1.136  
☐ Other:  
☒ The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.  
☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.  
☒ Any patent application processing fees under 37 C.F.R. 1.17.  
☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

  
 Robert J. Paradiso, Reg. No. 41,240  
 DAVIDSON, DAVIDSON & KAPPEL, LLC  
 485 Seventh Avenue, 14<sup>th</sup> Floor  
 New York, New York 10018  
 Tel: (212) 736-1940  
 Fax: (212) 736-2427

I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Assistant Commissioner for Patents, Washington, D.C. 20231" on November 25, 2002

DAVIDSON, DAVIDSON &amp; KAPPEL, LLC



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